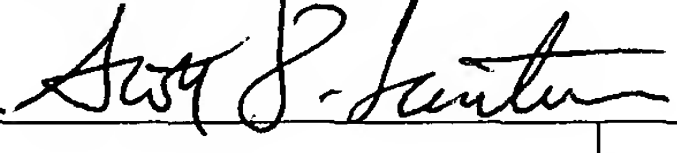


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR	Attorney Docket Number	ARC 3060 R1		
	First Named Inventor	Scott D. Lautenbach		
	COMPLETE IF KNOWN			
	Application Number	New		
	Filing Date	June 25, 2003		
	Group Art Unit	Unassigned		
	Examiner Name	Unassigned		
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <div style="text-align: center;">MINIMALLY COMPLIANT, VOLUME EFFICIENT PISTON FOR OSMOTIC DRUG DELIVERY SYSTEMS <i>(Title of the Invention)</i></div> the specification of which <input checked="" type="checkbox"/> is attached hereto OR <input type="checkbox"/> was filed on <input type="text"/> as United States Application Number or PCT International Application Number <input type="text"/> and was amended on (MM/DD/YYYY) <input type="text"/> I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				

DECLARATION - Utility or Design Patent Application																
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.																
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.														
60/392,004	06/26/2002															
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:																
Application Serial No.	Filing Date	Status														
I hereby appoint: <div style="float: right; text-align: right;"> Place Customer Number Bar Code Label Here </div> <div style="clear: both;"></div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Practitioners at Customer Number 27777 → </div> <div style="margin-top: 10px; text-align: center;"> AND </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Practitioner(s) named below: <table style="margin-left: 20px; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Registration Number</th> </tr> </thead> <tbody> <tr><td>Owen J. Bates</td><td>40,346</td></tr> <tr><td>Vandana Date</td><td>38,675</td></tr> <tr><td>Robert R. Neller</td><td>46,950</td></tr> <tr><td>Angela Nwaneri</td><td>34,229</td></tr> <tr><td>Paul B. Simboli</td><td>38,616</td></tr> <tr><td>Samuel E. Webb</td><td>44,394</td></tr> </tbody> </table> </div>			Name	Registration Number	Owen J. Bates	40,346	Vandana Date	38,675	Robert R. Neller	46,950	Angela Nwaneri	34,229	Paul B. Simboli	38,616	Samuel E. Webb	44,394
Name	Registration Number															
Owen J. Bates	40,346															
Vandana Date	38,675															
Robert R. Neller	46,950															
Angela Nwaneri	34,229															
Paul B. Simboli	38,616															
Samuel E. Webb	44,394															
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.																
Address all telephone calls to Samuel Webb at telephone number (650) 564-5106.																
Direct all correspondence to: <div style="display: inline-block; margin-left: 20px;"> Customer Number <input checked="" type="checkbox"/> or Bar Co de Label 27777 </div> <div style="display: inline-block; margin-left: 20px;"> OR <input type="checkbox"/> Correspondence address below </div>																
Name:																
Address:																
Address:																
City:	State:	ZIP														
Country	Telephone:	Fax:														

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Scott D.		Family Name or Surname Lautenbach	
Inventor's Signature 		Date 6-24-03	
Residence: City San Mateo	State CA	Country USA	Citizenship USA
Mailing Address 466 23rd Avenue			
City San Mateo	State CA	ZIP 94403	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country